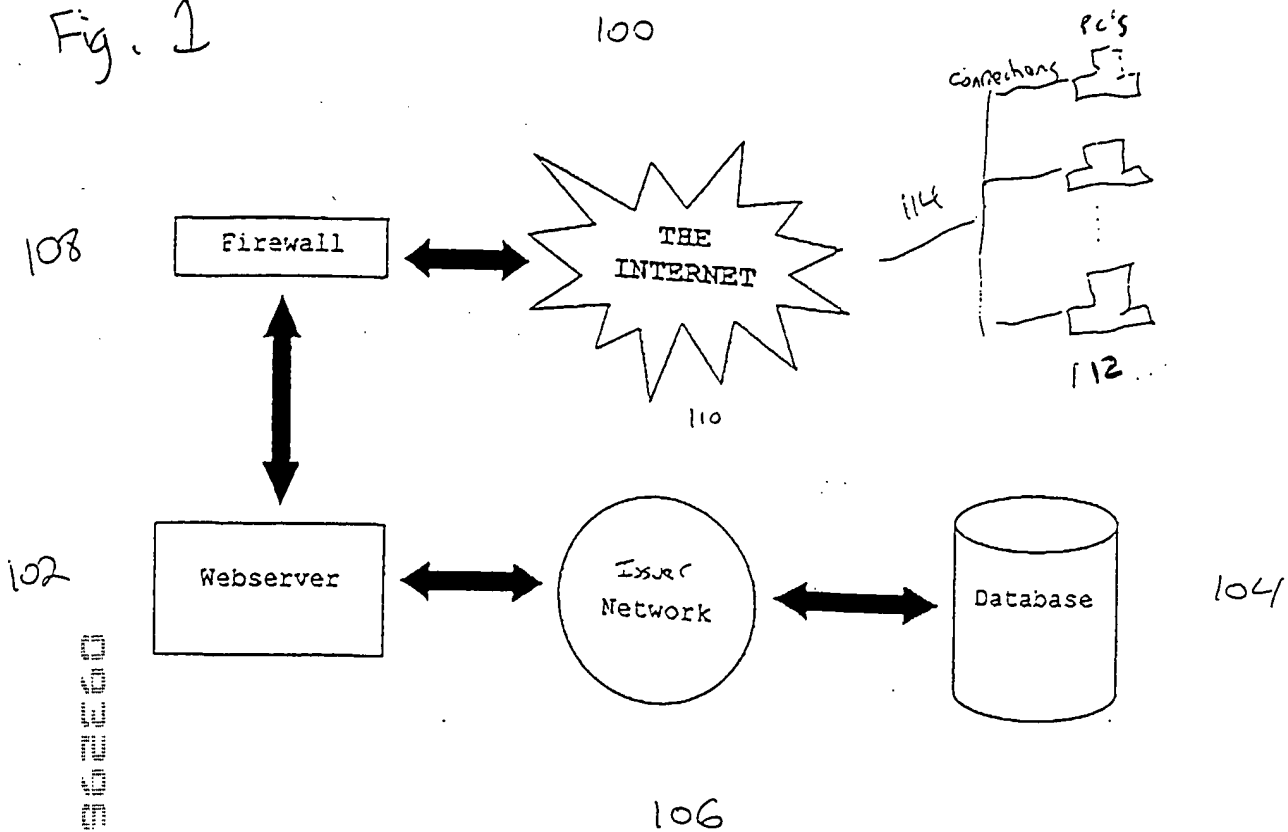


Fig. 1



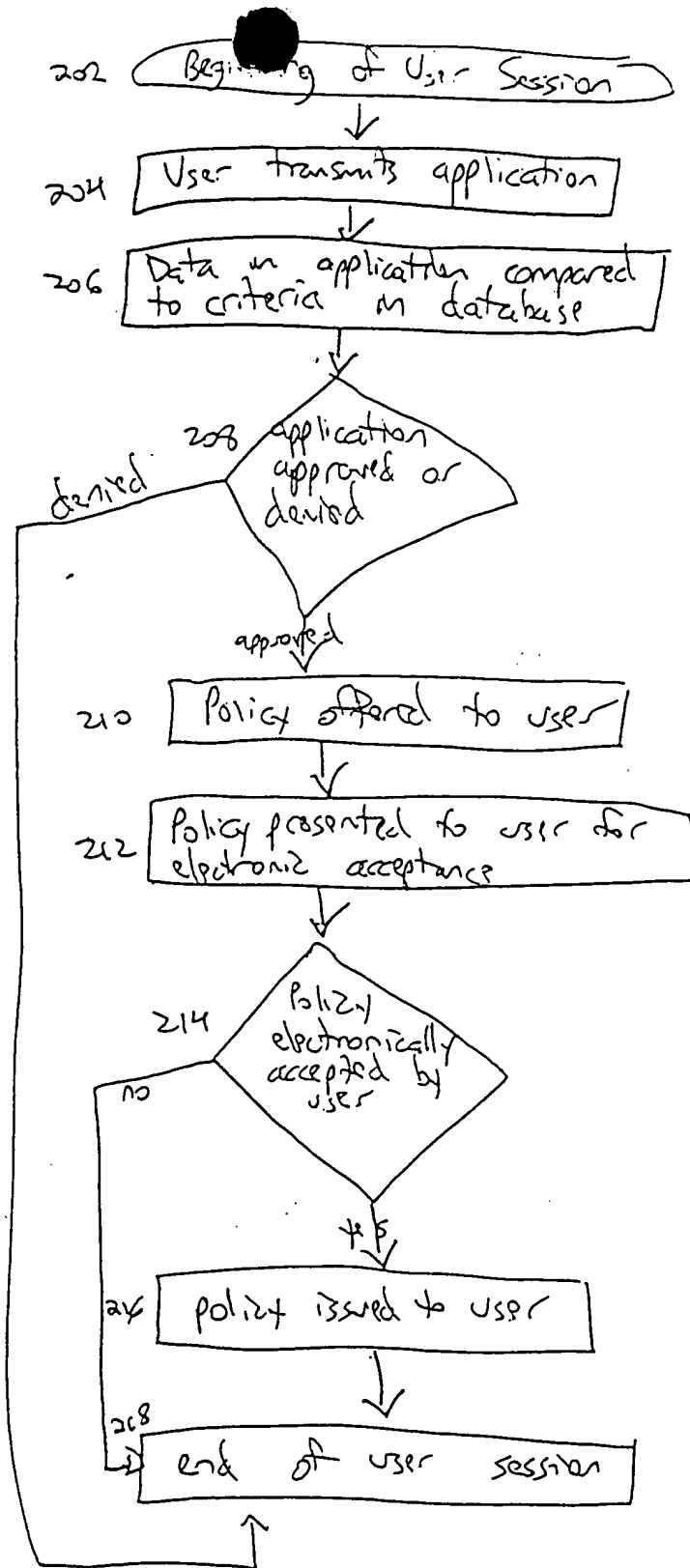


Fig 2

Fig 3

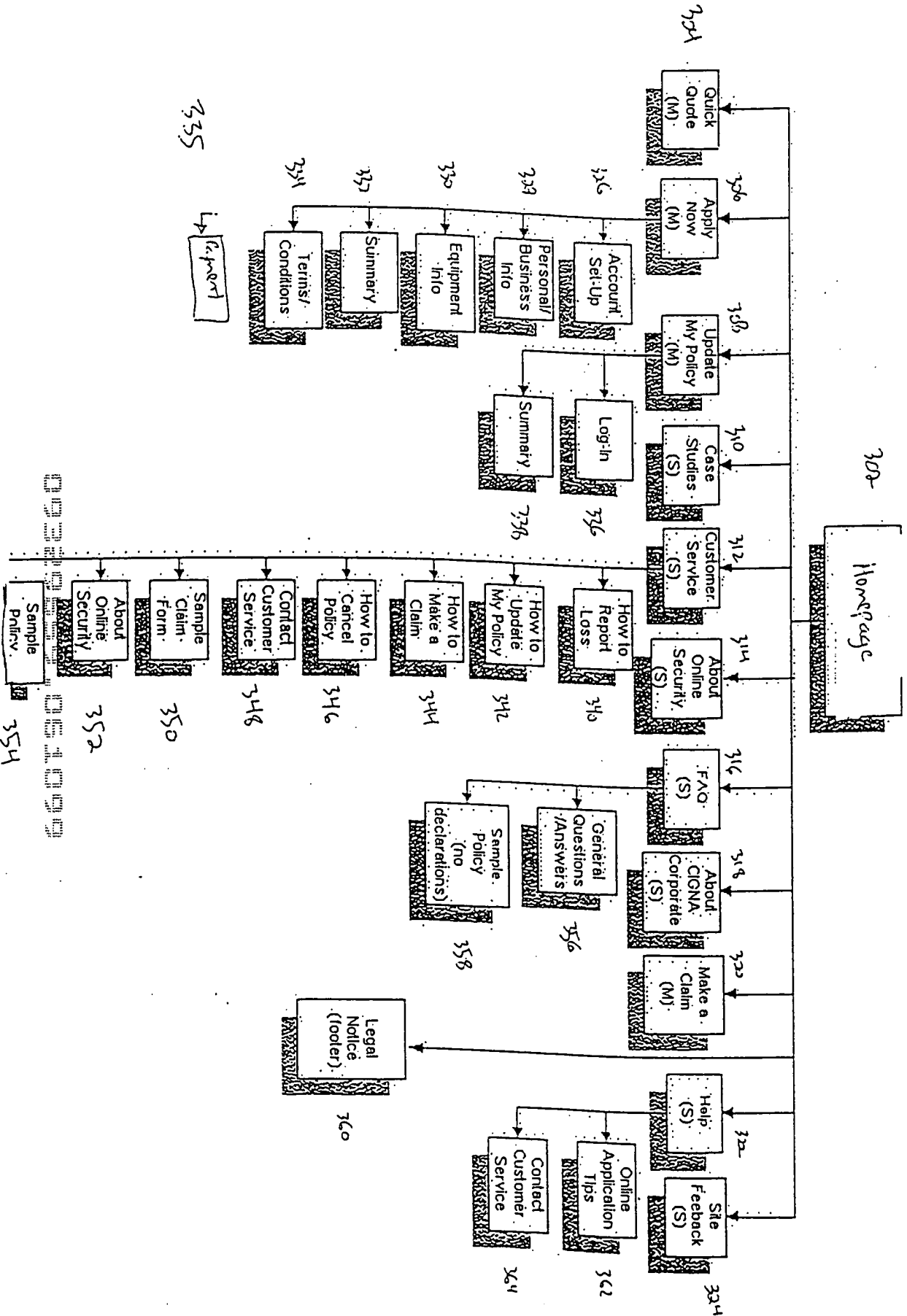


Fig. 4

Instant Quote in 2 easy steps

1 Enter the State You Currently Live In

AL - Alabama

[Click here to continue](#)

Apply Now

Fill out our
easy 6 step
application.

**Update My
Policy**

Add or remove
equipment or change
your personal
information.

Make A Claim

Report loss or
damage to your
computer.

402

404

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408

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412

660450" 63162260

HELP?
STATE FEEDBACK

502

- 504

50

512

514

QUOTE NOW

516

RECEIVED

518

External modems

Monitors

Joysticks

Scanners

Fig. 6A

306

It only takes a few minutes to complete our easy six-step application.

Step 1. Will this computer be used for personal or business purposes? When finished, click continue.

602 ☐ Business

☐ Personal 604

Select The State Of Coverage:

PA - Pennsylvania ▼

605

CONTINUE ►

608

660750"6536260

Fig. 6B

326

Step 2. Fill out the information below to apply. The information you provide lets you safely access your policy.

Business Name:

Contact First Name:

Contact Last Name:

PIN: E.g. last 4 digits of Tax ID#

Password:

Confirm Password:

612

Please supply a question and answer below. We will use this question and answer to verify your identity if you call Customer Service because you cannot remember your password.

Secret Question:

Answer:

614

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Fig. 6C

328

Step 3. Please supply the information requested below. When finished, click continue.

Business Name

Contact First Name

Contact Last Name

TaxID4

Address

Address 2

City

County

State PA

Zip

Occupation

Daytime Phone

Evening Phone

Fax Number

Email

613

620

60993636260

Fig. 6D

330

Step 4. Please describe each of your computers by supplying the information requested below. When finished, click continue.

System #1

624

Type	626 Brand	Model	Purchase Year	Total Value
Pick A System ▼	Pick A Brand ▼		Pick A Year ▼	\$
		628	630	632

Accessories:

- | | | |
|--|--|--|
| <input type="checkbox"/> Monitor(s) | <input type="checkbox"/> Printer(s) | <input type="checkbox"/> Scanner(s) |
| <input type="checkbox"/> Modem(s) | <input type="checkbox"/> External tape and disk drives | <input type="checkbox"/> Joystick(s) |
| <input type="checkbox"/> External CD-Rom drives | <input type="checkbox"/> Plotter(s) | <input type="checkbox"/> External Speaker(s) |
| <input type="checkbox"/> Other: <input type="text"/> | | |

636

BACK

ADD ANOTHER

638

CONTINUE

640

✓

634
632
630
628
626
624

Fig. 6E

332

Step 5. Our record of your personal information and the insurance coverage you requested appears below.

Your current policy status is: Pending - Application In Progress

Applicant Information:

Business Name: Smith Enterprises
Contact Last Name: Smith
Contact First Name: John
PIN: 0000
Address 1: 2500 One Liberty Place
Address 2:
City: Philadelphia
County: Philadelphia
State: PA
Zip Code: 19103
Occupation: Computer Programmer
Daytime Phone: (215) 000-0000
Evening Phone: (215) 000-0000
Fax Number: (215) 000-0000
E-mail Address: blank@blank.com

644

CHANGE INFORMATION

646

Equipment Information:

System #1 Brand: Model: Purchase Year: Total Value: Peripherals:
Desktop Dell Dimension 1998 \$4,000.00 Printer, Scanner, Tape Drive, Modem, Monitor, Speaker

648

MAKE A CHANGE

DELETE SYSTEM

652

ADD A NEW SYSTEM

Amount of Insurance \$4,000.00
Annual premium (3-year policy) \$80.00
~~Surcharge~~ \$0.00
Total \$80.00

656

650

654

Fig. 6F

334

Please review the ComputerGuard specimen policy. Afterward, please click on I Accept, and make your premium payment, to activate your policy. You will then have the opportunity to print a copy of your policy.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties

ComputerGuard Specimen Policy

TABLE OF CONTENTS

Definition of Key Terms

Property We Will Cover

Causes of Loss We Cover

Causes of Loss We Do Not Cover

Wear and Tear
Breakdowns
Computer Virus
Programming Errors
Defective Work or Materials
Earth Movement
War
Nuclear Hazard
Fraudulent or Criminal Acts
Intentional Loss

What We Will Pay

Loss Payment

Automatic Coverage Extensions

Your Deductible

General Provisions

Conformity to State Law

I accept

664

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662

Fig. 6G

335

Step 6. The amount due for your policy is \$80.00 for one year. To pay by credit card, supply your credit card information below and click Pay Now.

The Total Payment Is: \$80.00 668

Card Type: Please Choose A Credit Card 670

Card Number: 5555555555554444

Expiration Date: 12/99 (mm/yy)

Customer Name: 672

Address:

City:

State:

Zip Code:

PAY NOW

674

Underwritten by CIGNA Insurance Company
Copyright 1999 CIGNA Insurance Company

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Fig. 7A

Log In

⁷⁰⁰
If you are an existing ComputerGuard customer, please indicate whether the policy was issued to a business or individual. If you are not yet a ComputerGuard customer, please click on **Instant Quote** or **Apply** and see how inexpensive it can be to purchase protection for your valuable property.

⁷⁰² ☐ Business ☐ Personal

CONTINUE 
⁷⁰⁴

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Fig. 7B

Log In

706

Please enter your name exactly as it appears on your ComputerGuard policy, and the Personal Identification Number (PIN) and Password you chose when you applied for your policy. If you can't recall your PIN or Password, please call Customer Service

Legal First Name

Legal Last Name

708

PIN

E.g. last 4 digits of Tax SS#

Password

LOGIN

710

660190 6316260

Fig. 7C

Log In

⁷¹²
Please enter the name of the business exactly as it appears on the ComputerGuard policy, the name of the person who completed the online application on behalf of the business, and the Personal Identification Number (PIN) and Password chosen when you applied for the policy. If you can't recall your PIN or Password, please call Customer Service

Business Name

Contact First Name

Legal Last Name

PIN E.g. last 4 digits of Tax ID#

Password

⁷¹⁴
⁷¹⁶

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Fig. TD

Our record of your personal information and the insurance coverage you requested appears below.

Your current policy status is: Active Policy 718

Applicant Information:

120
Last Name: Smith
First Name: John
PIN: 0000
Address 1: 2500 One Liberty Place
Address 2:
City: Philadelphia
County: Philadelphia
State: PA
Zip Code: 19103
Occupation: Computer Programmer
Daytime Phone: (215) 000-0000
Evening Phone: (215) 000-0000
Fax Number: (215) 000-0000
Email Address: blank@blank.com

CHANGE INFORMATION

722

Equipment Information:

124
System #1 Brand: Model: Purchase Year: Total Value: Peripherals:
Desktop Dell 12345 1999 \$9,000.00 Modem, Monitor

26
MAKE A CHANGE

DELETE SYSTEM

728

130
ADD A NEW SYSTEM

132
Amount of Insurance \$9,000.00
Annual premium (3-year policy) \$180.00
Surcharge \$0.00
Total \$180.00

734 **VIEW FULL POLICY**

Please describe each of your computers by supplying the information requested below. When finished, click continue.

135 System #1

Type	Brand	Model	Purchase Year	Total Value
Desktop	Dell	12345	1999	\$9000

Accessories:

<input checked="" type="checkbox"/> Monitor(s)	<input type="checkbox"/> Printer(s)	<input type="checkbox"/> Scanner(s)
<input checked="" type="checkbox"/> Modem(s)	<input type="checkbox"/> External tape and disk drives	<input type="checkbox"/> Joystick(s)
<input type="checkbox"/> External CD-Rom drives	<input type="checkbox"/> Plotter(s)	<input type="checkbox"/> External Speaker(s)
<input type="checkbox"/> Other: <input type="text" value="140"/>		

142 ADD ANOTHER

CONTINUE 144

Our record of your personal information and the insurance coverage you requested appears below.

Your current policy status is: Pending - Change In Progress 718

Applicant Information:

Last Name: Smith
 First Name: John
 PIN: 0000
 Address 1: 2500 One Liberty Place
 Address 2:
 City: Philadelphia
 County: Philadelphia
 State: PA
 Zip Code: 19103
 Occupation: Computer Programmer
 Daytime Phone: (215) 000-0000
 Evening Phone: (215) 000-0000
 Fax Number: (215) 000-0000
 Email Address: blank@blank.com

CHANGE INFORMATION

Equipment Information:

System #1	Brand	Model	Purchase Year	Total Value	Peripherals
724 Desktop	Dell	12345	1999	\$5,000.00	Modem, Monitor

726 MAKE A CHANGE

DELETE SYSTEM

728

System #2	Brand	Model	Purchase Year	Total Value	Peripherals
724 Desktop	Apple Mac	1999		\$3,000.00	Printer, Modem, Monitor, Speaker

726 MAKE A CHANGE

DELETE SYSTEM

728

730 ADD A NEW SYSTEM

132 Amount of Insurance	\$8,000.00
Annual premium (3-year policy)	\$160.00
Surcharge	\$0.00
Total	\$160.00

734 CONTINUE

F 76

Please review the ComputerGuard specimen policy. Afterward, please click on **I Accept**, and make your premium payment, to activate your policy. You will then have the opportunity to print a copy of your policy.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties

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Earth Movement
War
Nuclear Hazard
Fraudulent or Criminal Acts
Intentional Loss

What We Will Pay

Loss Payment

Automatic Coverage Extensions

I accept

738

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736

Fig 8

